



## DEPARTMENT OF BUILDINGS DEMOLITION PERMIT GUIDELINES AND REQUIREMENTS

The following is a guide to assist you in obtaining a Demolition Permit for your project.  
Any questions regarding the permit process can be answered from 8:30 am – 4:30 pm, Monday to Friday  
by contacting the Building Department at 516.326.6319 or [FPBuildings@FPVillage.org](mailto:FPBuildings@FPVillage.org)  
The Building Department is located at 1 Pool and Garage Road, Floral Park, NY

### Application Requirements for Building Demolition

- Building Permit Application – One (1) Copy (signed and notarized)
- Filing Fee: \$50 nonrefundable, cash or check only
- Recent survey of the property clearly indicating the building to be demolished including Survey Certification Affidavit if document is greater than a year old - One (1) Copy
- Asbestos survey showing no asbestos containing materials or a certification of asbestos removal, from a NYS Certified Asbestos Inspector
- Disconnect letters from utility companies:
  - Sewer (Nassau County)
  - Water (Water Authority of Western Nassau County)
  - Gas (National Grid)
  - Electric (PSEG Long Island)
- Nassau County Department of Health Rodent Free Certification (The issued Rodent Free Certificate is valid for ten (10) days from the date of inspection of the property. Demolition of the building(s) and/or structure(s) on the premises can NOT be disturbed until this certificate is received by the Building Department and MUST be completed within ten (10) days from the date of issuance of certification by the Department of Health.)
- Nassau County Assessors Form - One (1) Copy

### Permit Conditions:

This permit is issued subject to the following conditions:

1. Contractor shall call for a building inspection PRIOR to the commencement of any demolition activity;
2. You must call before you dig - dial 811 a minimum of 48 hours before beginning any digging project;
3. Demolition debris shall be removed from the site promptly and shall be disposed of at an approved site for the material in question;
4. Appropriate mitigating measures shall be employed before, during and after the demolition to control the generation of fugitive dust, storm water run-off and erosion;
5. A suitable construction fence shall be erected and maintained around the perimeter of the premises before, during and after the demolition process to be removed ONLY upon approval of the Building Department or authorized representative;
6. A final inspection is required to receive a certificate of compliance.

Note: The Rodent Free Certificate application can be obtained at the Nassau County Department of Health at 516.227.9715, by mail or by downloading a [copy of the application](#) and [the application instructions](#) via the County's web site. The application must be submitted to the Health Department with an application fee of \$250 to be paid by either a certified bank check or money order before any on-site inspection of the premises can be conducted by a representative of the Health Department. After receipt of the application and application fee, the Health Department will inspect the buildings, structures and premises, usually within 5-7 business days, looking for any evidence of rodent activity. If the property is found to be rodent-free, the Rodent Free Certificate will be issued on the date of inspection.





**DEPARTMENT OF BUILDINGS  
BUILDING PERMIT APPLICATION**

<b>BUILDING</b>	
Tracking Number	
Permit Number	<b>B -</b>
Permit Issue Date	
Associated Permits	

<b>Filing Status:</b> (Check all that apply)		Incomplete applications will not be accepted	
<input type="checkbox"/> Proposed	<input type="checkbox"/> Maintain (year built _____)		
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Demolition	<input type="checkbox"/> In-Ground Pool		
<b>Property Information:</b>			
Property Address:			
Section:	Block:	Lot(s):	Zone: <input type="checkbox"/> VFP Verified
Existing:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
Proposed:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
<b>Description of Work:</b>			
<b>Estimated Cost of Construction:</b>			
\$			
<b>Property Owner Information:</b>			
Owner's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
<b>Applicant Information:</b> <input type="checkbox"/> Owner is Applicant <input type="checkbox"/> Design Professional is Applicant			
Applicant's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
<b>Design Professional Information:</b> <input type="checkbox"/> No Design Professional			
Design Professional's Name:		<input type="checkbox"/> RA	<input type="checkbox"/> PE
Company Name:		NYS License Number:	
Company Address:		City:	State: Zip:
Phone Number:		Email:	



## DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

<b>Contractor Information:</b> <input type="checkbox"/> Work will be performed by Homeowner (waiver required) <input type="checkbox"/> Contractor information will be submitted at a later date				
Contractor's Name:				
Company Name:		Floral Park License Number:		<input type="checkbox"/> VFP Verified
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Electrician Information:</b> <input type="checkbox"/> No Electrical Work <input type="checkbox"/> Electrician information will be submitted at a later date				
Electrician's Name:				
Company Name:		Floral Park License Number:		<input type="checkbox"/> VFP Verified
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Plumber Information:</b> <input type="checkbox"/> No Plumbing Work <input type="checkbox"/> Plumber information will be submitted at a later date				
Plumber's Name:				
Company Name:		Floral Park License Number:		<input type="checkbox"/> VFP Verified
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Zoning Information:</b> (not required for interior projects)				
Total Lot Square Footage (sf):				
Existing	Minimum Side Yard:	Aggregate Side Yard:	Front Yard:	Rear Yard:
	Lot Coverage (sf):	Lot Coverage (%):	Rear Lot Coverage (sf):	Rear Lot Coverage (%):
	Total Building Area (sf):	Building Height (stories):	Building Height (ft)	
Proposed	Minimum Side Yard:	Aggregate Side Yard:	Front Yard:	Rear Yard:
	Lot Coverage (sf):	Lot Coverage (%):	Rear Lot Coverage (sf):	Rear Lot Coverage (%):
	Total Building Area (sf):	Building Height (stories):	Building Height (ft)	
<b>Other Permits Required:</b> (To be filled out by Building Department)				
<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical/Electrical <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____				
<b>Other Approvals Required:</b> (To be filled out by Building Department)				
<input type="checkbox"/> Architectural Review Board <input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Board of Trustees				



## DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

<b>Property Owner Statement &amp; Signature:</b>			
The undersigned affirms that I am the owner of the property described herein, situated, lying and being within the Incorporated Village of Floral Park; that I have read and understand all items as here in stated, recognize that I a responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Village Code, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Village Code. I hereby give consent to the listed applicant to make the application on my behalf for permit to perform said work.			
Print Name:	Signature:	Date:	
<b>Applicant Statement &amp; Signature:</b>			
The undersigned, being duly sworn, deposes and says that "The foregoing are all the alteration or repairs proposed to make to the building herein referred to and described; and hereby stipulates that all provisions of the Building and Village Code shall be complied with in the alteration or repair of said building, whether specified herein or not.			
Print Name:	Signature:	Date:	
<b>Notary:</b>			
On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in as the applicant and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.			
_____ Notary Public			
<b>Building Department Use Only:</b>			
<input type="checkbox"/> Filing Fee: \$50	Receipt:	Building Permit Fee Calculation Residential: \$100 for the first \$1,000 of Construction Costs, \$10 each additional \$1,000 Commercial: \$200 for the first \$1,000 of Construction Costs, \$15 each additional \$1,000	
<input type="checkbox"/> Building Permit Fee:	Receipt:		
<input type="checkbox"/> C of C Fee: \$50	Receipt:		
Approvals:			
Zoning Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
ARB Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	
BZA Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	
BOT Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	

**Permit Conditions:** The following conditions must be met before a Certificate of Occupancy or Completion can be issued:

- The Floral Park Building Department must be made aware of all field changes prior to the time of the change. Work is NOT to continue until an amended permit is filed and approved with the Building Department.
- All work is to be left exposed until inspected and approved by the Floral Park Building Department. Work closed up prior to inspection approval will need to be exposed for inspection at the owner's cost.
- Electrical certificates must be filed at the completion of the work.
- A foundation location survey must be submitted for a new house, garage or a commercial building BEFORE the structure is framed and a final survey must be submitted at completion.
- An updated survey must be submitted at completion for all new buildings and in-ground pools.
- All Architectural Review Board approvals, Board of Trustee resolutions, and Special Use approvals are valid for 6 months.
- The Building Permit must be posted and visible from the street for the duration of the construction process.
- The Building Permit is valid for 6 months, unless construction has started. If started, the permit is valid for 12 months from the date of issuance. Should the permit expire a permit renewal application, along with updated drawings and permit fee, must be filed and approved by the Building Department.





**DEPARTMENT OF BUILDINGS  
SURVEY CERTIFICATION AFFIDAVIT**

<b>SURVEY AFFIDAVIT</b>	
Tracking Number	
Permit Number	

**In lieu of a recent survey dated within twelve (12) months from the date of this application, the following affidavit along with the most recent survey will be accepted.**

<b>Property Information:</b>		
Owners Name:		
Property Address:		
<b>Survey Certification Affidavit:</b>		
<p>In accordance with 19 NYCRR, Codes, Rules and Regulations of the State of New York, Section 1203, all surveys, plot plans and/or site plans submitted to the Department of Buildings shall clearly depict all structures and site improvements. This is intended to include all primary and accessory structures, driveways, garages, decks, pool, equipment, etc. for both residential and commercial properties.</p>		
<p>In lieu of a current survey dated within twelve (12) months from the date of this application, I certify that I have personally inspected the above referenced property and determined that the plot plan / site plan submitted accurately depicts all existing site improvements as of the date of signature on this document.</p> <p>I certify that with respect to the above application the zoning analysis accurately reflects the dimensions and zoning requirements for the subject property.</p> <p>I acknowledge that the Department of Buildings is relying on this affidavit for the code review in accordance with the Village Code and NYS Building Code.</p>		
<b>Applicant Statement &amp; Signature:</b>		
Print Name:	Signature:	Date:
Capacity (Check One):	<input type="checkbox"/> Owner	<input type="checkbox"/> Design Professional





USE FOR RESIDENTIAL APPLICATIONS



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: FLORAL PARK

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)		N.E.S.W. SIDE OF		
ADDRESS OF PROPERTY			Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:				ADDRESS	
WORK MUST BEGIN BY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	CITY, STATE, ZIP	
PRINCIPLE TYPE OF CONSTRUCTION				PHONE	
PERMIT EXP DATE				EMAIL	
LOT SIZE S.F.			# BLDGS ON LOT		
<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME					

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)  
\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES				
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS			
NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_ Signature of Applicant/Contact Person - Sign & Print

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOTS(S)  
CA # OR BLDG #  
UNIT #  
DATE

USE FOR COMMERCIAL APPLICATIONS



**BUILDING PERMIT**  
**COMMERCIAL OR MIXED USE PROPERTY**  
**DEPARTMENT OF ASSESSMENT**  
**NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: **Floral Park**

DATE REC'D (Assessor Use Only)

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) \_\_\_\_\_ N.E.S.W. SIDE OF \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_ Check one:  OWNER OR  LESSEE NAME OF BUSINESS \_\_\_\_\_

CITY, TOWN, VILLAGE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_

DATE TO BEGIN: \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION:  STEEL  MASONRY  OTHER PHONE: \_\_\_\_\_

DATE TO COMPLETE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOT SIZE S.F.: \_\_\_\_\_

# BLDGS ON LOT: \_\_\_\_\_ If you wish to group or apportion lots, please call 516-571-1500 for more information.

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECK ALL THAT APPLY** **USE BY SIZE AND FLOOR**

<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> OTHER (Describe) _____ <input type="checkbox"/> FAÇADE <input type="checkbox"/> BASEMENT RENOVATION/ALTERATION <input type="checkbox"/> HVAC <input type="checkbox"/> ROOF <input type="checkbox"/> PLUMBING	<table border="1"> <thead> <tr> <th rowspan="2"> </th> <th colspan="2">EXISTING S.F. AREA</th> <th colspan="2">PROPOSED S.F. AREA</th> </tr> <tr> <th>Use</th> <th>Size SF</th> <th>Use</th> <th>Size SF</th> </tr> </thead> <tbody> <tr> <td>BSMT</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1ST</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1ST addmt use</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2ND</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>UPPER FLOORS</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TOTAL # FLOORS</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					EXISTING S.F. AREA		PROPOSED S.F. AREA		Use	Size SF	Use	Size SF	BSMT	_____	_____	_____	_____	1ST	_____	_____	_____	_____	1ST addmt use	_____	_____	_____	_____	2ND	_____	_____	_____	_____	UPPER FLOORS	_____	_____	_____	_____	TOTAL # FLOORS	_____	_____	_____	_____
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Residential Use		Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
CO-OP	<input type="checkbox"/>	_____	_____	_____	_____
CONDO	<input type="checkbox"/>	_____	_____	_____	_____
RENTAL	<input type="checkbox"/>	_____	_____	_____	_____
Studio	_____	_____	_____	_____	_____
1BDRM	_____	_____	_____	_____	_____
2BDRM	_____	_____	_____	_____	_____
3BDRM	_____	_____	_____	_____	_____
4 BDRM	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____
Describe	_____	_____	_____	_____	_____

COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By \_\_\_\_\_

Date of Granting of Permit \_\_\_\_\_

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person \_\_\_\_\_

Please Print Name \_\_\_\_\_ Tele # \_\_\_\_\_

Township

School District

Section

Block

Lots

Date